Louisiana Department of Transportation and Development

P.O. Box 94042

Baton Rouge, Louisiana 70804-9042 Attention: Truck Permit Section

Fax Number: 225-377-7108
Application for:

Escort Vehicle Permit

Out of state \$10.00 per vehicle

No fee for in state

Please enclose a check, money order, credit card information below or DOTD charge account number

Issued to Customer Number:				Paid by Customer Number:			
EFFECTIVE DA	ATE FOR PERM	/IIT:					
Company Name:				Vehicle Owner:			
Address:				Address:			
City: State:		State:	Zip: City:		State	State: Zip:	
Phone:			Phone:				
Fax Number:				Email:			
Complete name and address if to be mailed other than above:							
Insurance Company:				Insurance Policy Number:			
Insurance coverage in the amount shown below n							
	ance coverage	Property D		Liability Coverage:			
(\$50,000.00 Minimum)				·			
VEHICLE INFORMATION							
Make	Model	Year	Serial Number		License	License	License
						State	Year
CREDIT CARD INFO (if applicable):							
Card Ty _l	pe:	€ Visa	€ M	asterCard	€ Ameri	can Expres	SS
Card Number:				Expiration Date:			
******	********	*******	*THIS IS NOT A	PERMIT*****	******	******	*****
				5.			
Signature of applicant				Date			